

Statement of Organization  
Recipient Committee

Statement Type ☐ Initial

☒ Amendment

☐ Termination - See Part 5

☐ Not yet qualified

or

Date qualified as committee

8/13/2018

Date qualified as committee

8/13/2018

Date of termination

Date Stamp  
**RECEIVED AND FILED**  
In the office of the Secretary of State  
of the State of California

AUG 17 2018

**CALIFORNIA**  
**FORM 410**

For Official Use Only

CK

1. Committee Information

I.D. Number

(if applicable)

1408219

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Don Crosser Lincoln City Council 2018

NAME OF TREASURER

Deborah Denning

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Lincoln CA 95811

MAILING ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Lincoln 95811

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Placer

City of Lincoln

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

8-13-2018

DATE

By

Deborah Denning

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

8-13-2018

DATE

By

Don Crosser

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (February/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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COMMITTEE NAME

Dan Cross for Lincoln City Council 2018

I.D. NUMBER

1408219

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

Umpqua Bank

AREA CODE/PHONE

503-685-1111

BANK ACCOUNT NUMBER

1

ADDRESS

571 5th St

CITY

Lincoln

STATE

CA

ZIP CODE

95648

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT

ELECTIVE OFFICE SOUGHT OR HELD  
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF  
ELECTION

PARTY

CHECK ONE

Dan Cross

City of Lincoln

2018

Nonpartisan

☒

Partisan

☐

(list political party below)

Nonpartisan

☐

Partisan

☐

(list political party below)

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)  
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION  
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT

☐

OPPOSE

☐

SUPPORT

☐

OPPOSE

☐